

SENT VIA EMAIL OR FAX ON  
Mar/22/2010

## Pure Resolutions Inc.

An Independent Review Organization  
1124 N Fielder Rd, #179  
Arlington, TX 76012  
Phone: (817) 349-6420  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/22/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Additional Individual Psychotherapy 1 X wk X 6wks; Biofeedback Therapy 1 X wk X 6 wks

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Clinical psychologist; Member American Academy of Pain Management

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☐ Overturned (Disagree)

☒ Partially Overturned (Agree in part/Disagree in part)

Psychotherapy is medically necessary  
Biofeedback is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 1/21/10 and 2/17/10

Claims Management 3/5/10

Injury 8/14/09 thru 2/10/10

Dr. 8/27/09 thru 2/11/10

DDE 12/3/09 and 9/2/09

8/27/09

9/15/09 and 10/6/09

9/18/09

Pain 11/9/09 thru 1/25/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who was injured at work on xx/xx/xx. At the time of the injury, she was performing her usual job duties. Claimant reports that she injured her low back while in the process of pulling buggies out of a vault and then taking them between pallets in a

repetitive manner, resulting in a diagnosis of low back strain/sprain and a 5% WP impairment rating. Patient established care with Dr., and was recently returned to work light duty with multiple restrictions.

Claimant has received the following diagnostics and treatments to date: x-rays, MRI (negative), physical therapy (7 sessions completed), EMG/NCV (negative), and medications management to include Darvocet. She is currently diagnosed with lumbar sprain/strain and adjustment disorder.

Treating physician referred the patient for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. Ten sessions were approved, and this request is for 6 additional sessions and biofeedback. Goals are to improve sleep, and continue to build on current progress, which patient has reduced depression from the severe to the borderline range and has improved her tolerances for sitting and standing.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

A diagnostic interview with mental status, testing and recommendations was requested by the patient's treating doctor, and has been conducted. A course of individual therapy was recommended and approved. Patient has completed 10 IT visits, resulting in a downgrading of her diagnosis from MDD to adjustment disorder. Patient scores are mostly within normal limits at this time, and pain medicine office visit note states that pain is completely controlled when patient takes a total of 1-2 Darvocet per day. Patient has been sent back to work light duty, with multiple restrictions. Patient appears to be close to her plateau, but could probably use these final sessions to solidify gains made and to aid in transition back to the work place. A stepped-care approach to treatment has been followed, as per ODG, and the requested evaluation and sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and reduced-work status, with a goal of increased overall physical and emotional functioning. The request is considered medically reasonable and necessary at this time. However, the request for biofeedback is not medically necessary.

**Biofeedback:** Not recommended as a stand-alone treatment, but recommended as an option in a [cognitive behavioral therapy](#) (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic low back pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with [yoga](#), since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. There is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems. See the [Pain Chapter](#) for more information and references, as well as ODG biofeedback therapy guidelines. ([van Tulder, 1997](#)) ([Bigos, 1999](#))

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)